



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Ferguson, et al.  
For : "S" SHAPED CAST IN WIRE  
Serial No. : 10/633,215  
Filed : August 1, 2003  
Examiner : Edward T. Tolan  
Group Art Unit : 3725  
Date of Last Action : May 6, 2004  
Our Docket : LEEE 2 13230-2

**AMENDMENT**

Commissioner for Patents  
Mail Stop Fee Amendment  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action mailed May 6, 2004, please amend the above referenced patent application as follows:

05/28/2004 HVUON61 00000052 10633215

01 FC:1205

90.00 DP

I hereby certify that this correspondence is being deposited  
with the United States Postal Service as first class mail in  
an envelope addressed to Commissioner for Patents,  
P.O. Box 1450, Alexandria, VA 22313-1450  
on 05-25-04

YR. Cox  
(SIGNATURE)

05-25-04

HW#

In re application of: Ferguson, et al.

Serial No: 10/633,215

Filed: August 1, 2003

For: "S" SHAPED CAST IN WIRE

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	* 25	Minus	** 20	5	\$18	\$ 90.00
Indep. Claims	* 3	Minus	*** 3	0	\$86	\$ 0.00
Total Additional Fee For this Amendment --->						\$ 90.00

\* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

\*\* If the "Highest No. Previously Paid For" is less than 20 write "20".

\*\*\* If the "Highest No. Previously Paid For" is less than 3 write "3".

X A check in the amount of \$ 90.00 to cover the required Fee is enclosed.

X **General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees.** Should any additional fees be required in connection with this application, **during the entire pendency of the application**, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

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P.O. Box 1450, Alexandria, VA 22313-1450

on 05-25-04

(SIGNATURE)

05-25-04

FAY, SHARPE, FAGAN, MINNICH & McKEE

By:

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